

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)SERIAL NO.  
**09/581602**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7		R				
8	/					
9	/					
10	/					
11	/					
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23	/		/			
24	/		/			
25	/		/			
26	/		/			
27	R		2			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
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44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	31		22			
TOTAL DEP.	6		14			
TOTAL CLAIMS	37		36			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY